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\*\* CONTINUING DATA \*\*\*\*\*

NONE 4/13

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE 4/13

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>SLP</i>	CT	4	8	1

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## TITLE

OPTICAL SENSOR CLEANER

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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